



Vertex Pharmaceuticals Incorporated  
130 Waverly Street • Cambridge, MA 02139-4242  
Tel. 617.444.6100 • Fax 617.444.6483  
<http://www.vrtx.com>

RECEIVED  
CENTRAL FAX CENTER

APR 06 2006

## FAX TRANSMISSION

To	USPTO
Fax Number	571 273-8300
Group Art Unit	1614
From	Karen E. Brown
Date	April 6, 2006
Application No.	10/700,333
Attorney Docket No.	VPI/02-116 US
	Amendment and Reply to Office Action
Total Pages	44

### Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

RECEIVED  
CENTRAL FAX CENTER

APR 6 2006

Attorney Docket No.: VPI/02-116 US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/700,333  
Confirmation No.: 5159  
Filing Date: November 3, 2003  
Examiner: Venkataraman Balasubramanian  
Group Art Unit: 1624  
Applicants: Mark Ledebøer et al.  
For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND  
OTHER PROTEIN KINASES

**Certificate of Facsimile Transmission Under 37 CFR §1.8**

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on April 6, 2006

\_\_\_\_\_  
Lisa M. Romano

Typed or Printed Name

\_\_\_\_\_  
*Lisa M. Romano*

Signature

April 6, 2006  
Cambridge, Massachusetts

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith: ☒ an Amendment and Reply to Office Action; ☒ a Petition for Three-Month Extension of Time; ☐ a Declaration; ☐ a Power of Attorney; ☐ a copy of a Notice to File Missing Parts; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

Applicants: Mark Ledeboer et al  
Application No. 10/700,333

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X \$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	= \$

\* If less than 20, insert 20.

TOTAL

\$ 0

\*\* If less than 3, insert 3.

☐ A check in the amount of \$\_\_\_ in payment of the filing fee is transmitted herewith.

☐ Please charge \$\_\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Mark Ledebor et al  
Application No. 10/700,333

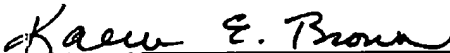
EXTENSION FEE

- ☒ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☒ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☒ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☒ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the for \_\_\_\_\_ (37 C.F.R. §\_\_\_\_\_).

Respectfully submitted,

  
Karen E. Brown, Reg. No. 43,866  
Attorney for Applicants  
c/o Vertex Pharmaceuticals Incorporated  
130 Waverly Street  
Cambridge, Massachusetts 02139  
Tel: (617) 444-6168  
Fax: (617) 444-6483